



**Association for Behavioral
Health and Wellness**

*Advancing benefits and services
in mental health, substance use
and behavior change.*

May 21, 2015

Mr. Paolo del Vecchio, Director
SAMHSA's Center for Mental Health Services
1 Choke Cherry Road
Rockville, MD 20857

Dear Mr. del Vecchio:

The Association for Behavioral Health and Wellness (ABHW) is an association of the nation's leading behavioral health and wellness companies. These companies provide an array of services related to mental health, substance use, employee assistance, disease management, and other health and wellness programs to approximately 150 million people in both the public and private sectors. ABHW and its member companies use their behavioral health expertise to improve health care outcomes for individuals and families across the health care spectrum.

ABHW member companies are increasingly utilizing Peer Support Services and view them as a valuable component of a comprehensive approach to wellness. We have seen that Peer Support Services are an effective component of behavioral health treatment and have a positive impact on consumers, purchasers, and payers.

ABHW appreciates the opportunity to submit feedback on SAMHSA's Peer Core Competencies. Overall, ABHW is pleased to see a comprehensive list of essential core competencies required by peer providers. With the incorporation of the edits we have suggested throughout the document, we believe these core competencies will positively impact the growth of peer support services while allowing peers to continue to effectively support individuals in recovery.

If you have any questions, please contact Rebecca Murow Klein at (202) 449-7658 or klein@abhw.org.

Category I: Engages peers in collaborative and caring relationships

This category of competencies emphasized peer workers' ability to initiate and develop on-going relationships with people who have behavioral health condition and/or family members. These competencies include interpersonal skills, knowledge about recovery from behavioral health conditions and attitudes consistent with a recovery orientation.

- 1. Initiates contact with peers**
- 2. Listens to peers with careful attention to the content and emotion being communicated**
- 3. Reaches out to engage peers across the whole continuum of the recovery process**

- 4. Demonstrates genuine acceptance and respect**
- 5. Demonstrates understanding of peers' experiences and feelings.**

In the engagement process, the peer has a choice of providers, services received, and whether or not to accept the assistance being offered. ABHW believes this section should include a point that the peer provider should discuss with the peer the scope of services he/she will be providing and the timing of those services. The peer and the peer provider should know the peer provider's responsibility and the peer's expectations throughout the relationship.

Category II: Provides support

The competencies in this category are critical for the peer worker to be able to provide the emotional, informational, instrumental, and affiliation support people living with behavioral health conditions may want.

- 6. Validates peers' experiences and feelings**
- 7. Encourages the exploration and pursuit of community roles**
- 8. Conveys hope to peers about their own recovery**
- 9. Celebrates peers' efforts and accomplishments**
- 10. Provides concrete assistance to help peers accomplish tasks and goals.**

When providing support, a peer provider must first determine how, and in what ways, he or she will be providing support by assessing the peer's strengths. It is imperative that the peer provider understands the peer's aspirations and hopes and encourages them to take risks and push boundaries. ABHW would like to emphasize strengths, by adding an additional point: "Support peer in recognizing his or her own strengths."

Category III: Shares lived experiences of recovery

These competencies are unique to peer support, as most roles in behavioral health services do not emphasize or even prohibit the sharing of lived experiences. Peer workers need to be skillful in telling their recovery stories and using their lived experiences as a way of inspiring and supporting a person living with behavioral health conditions. Family peer support worker likewise share their personal experiences of self-care and supporting a family-member who is living with behavioral health conditions.

- 11. Relates their own and others' personal recovery stories to peers to inspire hope**
- 12. Discusses ongoing personal efforts to enhance health, wellness, and recovery**
- 13. Recognizes when to share experiences and when to listen**
- 14. Describes personal recovery practices and helps peers discover recovery practices that work for them.**

This category emphasizes knowing *when* to share lived experiences of recovery, but fails to discuss *what* and *how* to share based on the peer's needs. It is imperative that the peer provider first recognizes where the peer is in his or her recovery process in order to determine *what* and *when* to share his or her own story. A peer provider must understand what part of his or her experiences are valuable and helpful to the peer. Though sharing is powerful in peer services, as

it helps to establish trust, sometimes it is not necessary to share very much. This is mentioned in the description of Category III, but ABHW also recommends adding an additional point after #13 to reflect this concept.

Category IV: Personalizes peer support

These competencies help peer workers to tailor or individualize the support services provided to and with a peer. By personalizing peer support, the peer worker operationalizes the notion that there are multiple pathways to recovery.

15. Understands his/her own personal values and culture and how these may contribute to biases, judgments and beliefs

16. Appreciates and respects the cultural and spiritual beliefs and practices of peers and their families

17. Recognizes and responds to the complexities and uniqueness of each peer's process of recovery

18. Tailors services and support to meet the preferences and unique needs of peers and their families.

We appreciate that this category focuses on cultural competency factors. Spending time to understand the culture of the peer and recognizing the importance of culture must be addressed, especially in this context of personalizing support.

Category V: Recovery planning

These competencies enable peer workers to support other peers to take charge of their lives. Recovery often leads people to want to make changes in their lives. Recovery planning assists people to set and accomplish goals related to home, work, community and health.

19. Assists and supports peers to set goals and to dream of future possibilities

20. Proposes strategies to help a peer accomplish tasks or goals

21. Supports peers to use decision-making strategies when choosing services and supports

22. Helps peers to function as a member of their treatment/recovery support team

23. Researches and identifies credible information and options on the Internet and through other resources.

ABHW believes the term “vision” could be used here in place of “goals.” A “vision” of what a long-term life in recovery can look like may encourage a peer not to be sidetracked or distracted, whereas a “goal” would not. We also suggest that all peer training includes motivational interviewing to address these factors.

Category VI: Links to resources, services, and supports

These competencies assist peer workers to help other peers acquire the resources, services, and supports they need to enhance their recovery. Peer workers apply these competencies

to assist other peers to link to resources or services both within and outside of formal behavioral health services. It is critical that peer workers have knowledge of resources within their communities as well as on-line resources.

24. Develops and maintains up-to-date information about community resources and services, both indigenous and formal

25. Assists peers to investigate, select, and use needed and desired resources and services, both indigenous and formal

26. Helps peers to find and use health services and support

27. Accompanies peers to community activities and appointments; 28. Participates in community activities with peers.

N/A

Category VII: Teaches information and skills related to health, wellness, and recovery

These competencies describe how peer workers coach, model or teach information or behaviors that enhance recovery. These competencies recognize that peer workers have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth.

29. Educates peers about health, wellness, recovery and recovery supports

30. Participates with peers in discovery or co-learning to enhance recovery experiences

31. Coaches peers about how to access services and navigate systems of services

32. Coaches peers in desired skills and strategies

33. Educates family members and other supportive individuals about recovery and recovery supports

34. Uses teaching strategies that match the preferences and needs of individual peers.

The use of the words “teach” and “educate” in this category, and throughout the entire draft, denote a hierarchy between the peer provider and the peer that we want to avoid. ABHW suggests replacing these terms in the draft with something like, “explore information and ideas while advocating with the peer”.

Category VIII: Helps peers to manage crises

These competencies assist peer workers to identify potential risks and to use procedures that reduce risks to peers and others. Peer workers may have to manage situations, in which there is intense distress and work to ensure the safety and well-being of other peers.

35. Recognizes signs of distress and threats to safety among peers and in their environments

36. Provides reassurance to peers in distress

37. Strives to create safe spaces when meeting with peers

38. Takes action to address distress or a crisis by using knowledge of local resources and service and support preferences of individual peers

39. Assists peers in developing advance directives and other crisis prevention tools.

ABHW believes the term “managing crises” is very strong and perhaps suggests that everyone on a recovery journey will face a crisis at some point, which can be stigmatizing. We recommend changing the title of the category to “Helps peers to manage potential risks to self or others” or “Helps peers to effectively handle stressors which could negatively impact their recovery.” This revised title better describes points 35-39 while also providing preventive language.

Category IX-Communication

These competencies provide guidance on how peer workers interact verbally and in writing with colleagues and others. These competencies suggest language and processes used to communicate and operationalize the value of respect.

39. Uses respectful, person-centered, recovery-oriented language in written and verbal interactions with peers, family members, community members, and others:

40. Uses active listening skills

41. Clarifies their understanding of information when in doubt of the meaning

42. Conveys their point of view when working with colleagues

43. Documents information as required by program policies and procedures

44. Follows laws and rules concerning confidentiality and respects others' rights for privacy.

ABHW is pleased that this category covers a great deal of important information while speaking to the “how” of peer support services. On #42, ABHW recommends adding a phrase that clarifies what is being shared by the peer provider is his or her personal opinion.

Category X: Collaboration and teamwork

These competencies provide direction on how peer workers can develop and maintain effective relationships with colleagues and others to enhance the peer support provided.

These competencies involve not only interpersonal skills but also organization skills.

45. Works together with other colleagues to enhance the provision of services and supports

46. Assertively engages providers from mental health services, addiction services, and physical medicine to meet the needs of peers

47. Coordinates efforts with health care providers to enhance the health and wellness of peers

48. Coordinates efforts with peers' family members and other natural supports

49. Partners with community members and organizations to strengthen opportunities for peers

50. Strives to resolve conflicts in relationships with peers and others in their support network.

N/A

Category XI: Leadership and advocacy

These competencies describe actions that peer workers use to provide leadership within behavioral health programs to advance a recovery-oriented mission of the services. They also guide to peer workers to advocate for the legal and human rights of other peers.

51. Uses knowledge of relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that peer's rights are respected

52. Advocates for the needs and desires of peers in treatment team meetings, community services, living situations, and with family

53. Uses knowledge of legal resources and advocacy organization to build an advocacy plan

54. Participates in efforts to eliminate prejudice and discrimination of people who have behavioral health conditions and their families

55. Educates colleagues about the process of recovery and the use of recovery support services

56. Actively participates in efforts to improve the organization

57. Maintains a positive reputation in peer/professional communities.

N/A

Category XII: Growth and development

These competencies describe how peer workers become more reflective and competent in their practice. The competencies recommend specific actions that may serve to increase peer workers' success and satisfaction in their current roles and contribute to career advancement.

58. Recognizes the limits of their knowledge and seeks assistance from others when needed

59. Uses supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with the supervisor (mentor, peer)

60. Reflects and examines own personal motivations, judgments, and feelings that may be activated by the peer work, recognizing signs of distress, and knowing when to seek support

61. Seeks opportunities to increase knowledge and skills of peer support.

ABHW seeks clarification on the type of supervision a peer provider is receiving. On whom do they rely for that supervision? Items #59 and 60 suggest counseling rather than supervision. To truly promote “advancement and development”, supervision in this case would be identical to supervision in all other work settings: quality of work, areas of improvement, tools and training necessary for advancement, and supervisor support to facilitate the process.